UNITED STATES DISTRICT COURT DISTRICT OF DELAWARE

| | | Plaintiff | APPLICATION TO PROCEED | | | | |
|-------------|--------------|---|--|--|--|--|--|
| | | V. | WITHOUT PREPAYMENT OF | | | | |
| | | ν. | FEES AND AFFIDAVIT | | | | |
| | | Defendant(s) | FEES AND AFFIDAVII | | | | |
| _ | | Defendant(s) | CASE NUMBER: | | | | |
| T | 1 | CII | 0.8 - 173 | | | | |
| [, <u> </u> | SMU | of Hephenson | declare that I am the (check appropriate box) | | | | |
| | Dadidi aa | Plaintiff/Mannet | | | | | |
| | Petitioi | ner/Plaintiff/Movant • • Other | | | | | |
| in the al | bove-en | titled proceeding; that in support of my re | equest to proceed without prepayment of feet or easts under | | | | |
| 28 USC | §1915 | , I declare that I am unable to pay the c | osts of these proceedings and that I am entitled to the relief | | | | |
| sought i | in the co | omplaint/petition/motion. | | | | | |
| | | | MAR 2 6 2008 | | | | |
| Ín ouen | art af th | is application. I approve the following an | N N | | | | |
| ın supp | ort or u | is application, I answer the following qu | LO DIOTOLOT COLUTE | | | | |
| 1. | Are yo | u currently incarcerated? Yes | No (If "No" go to Questinstrict OF DELAWARE | | | | |
| | 70077 | | DDC - DCC - DCC B | | | | |
| , | If "YE | S" state the place of your incarceration _ | Dre Da Ja | | | | |
| | Inmate | e Identification Number (Required): | 449406 | | | | |
| | | 1 1 1 1 2 2 2 2 | | | | | |
| | Are yo | u employed at the institution? Do | you receive any payment from the institution? 10 | | | | |
| | Attach | a ledger sheet from the institution of you | ir incarceration showing at least the past six months' | | | | |
| | transactions | | | | | | |
| 2 | Δ re vo | u currently employed? • Yes | • No | | | | |
| L. | Ale yo | a currently employed: | 140 | | | | |
| | a. | If the answer is "YES" state the amount | of your take-home salary or wages and pay period a | | | | |
| | | and give the name and address of your | | | | | |
| | | | | | | | |
| | b. | | our last employment, the amount of your take-home | | | | |
| | | salary or wages and pay period and the | name and address of your last employer. | | | | |
| 3. | In the | past 12 twelve months have you received | any money from any of the following sources? | | | | |
| | | , | | | | | |
| | a. | Business, profession or other self-emple | oyment ·· Yes | | | | |
| | b. | Rent payments, interest or dividends | ·· Yes No | | | | |
| | c. | Pensions, annuities or life insurance pay | | | | | |
| | d. | Disability or workers compensation pay | | | | | |
| | e. | Gifts or inheritances | · Yes No | | | | |
| | f. | Any other sources | · · Yes | | | | |
| | TO 1 | | | | | | |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

| 4. | Do y | on have | any cash | or check | ing or s | avinos | accounts? |
|----|---------------------------|---------|-----------|-----------|----------|--------|-----------|
| 7. | $\mathbf{p}_{\mathbf{v}}$ | Ou mave | any cassi | OI CHICCE | ung or s | avingo | accounts: |



Yes

If "Yes" state the total amount \$_UNKNOWN

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable.

Family in general and Freinds.

I declare under penalty of perjury that the above information is true and correct.

DÁTE

SIONATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.